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JUN - 7 2021

JAMES N. HATTEN, Clerk
By: *[Signature]* Deputy Clerk

UNITED STATES DISTRICT COURT

for the

Northern District of Georgia

____ Division

Stephanie M. Redding

Case No.

1:21-CV-2344

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Alejandro Mayorkas, Secretary,
Department of Homeland Security

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Stephanie M. Redding
Street Address	9300 Lottsford Road, Apt #5303
City and County	City of Largo - Prince George's County
State and Zip Code	Maryland 20774
Telephone Number	561-577-5069
E-mail Address	Stephanie.Redding@verizon.net

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Alejandro Mayorkas
Job or Title <i>(if known)</i>	Secretary, U.S. Department of Homeland Security
Street Address	3801 Nebraska Avenue NW
City and County	Washington, DC (District of Columbia)
State and Zip Code	District of Columbia 20016
Telephone Number	(631) 226-2796
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Denial of Civil Rights (42 USC §1983)

Rehabilitation Act of 1973 (29 USC §701)

Americans with Disabilities Act of 1990 (29 CFR 1630)

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the
State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated
under the laws of the State of *(name)* _____,
and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of
the State of *(name)* _____. Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Defendant subjected the Plaintiff to a deceptive reasonable accommodation process beginning in January 2018. The Defendant refused to provide the Plaintiff with an effective reasonable accommodation (between April 2018 to January 2020) and later terminated the Plaintiff's employment in the federal government (effective June 17, 2020). At the time of the termination, the Plaintiff was employed at the Federal Law Enforcement Training Centers in Brunswick, Georgia and an appeal was filed with the Merit Systems Protection Board (Atlanta Regional Office). An Initial Decision was issued on April 16, 2021 at which time the Plaintiff was provided notice of her right to file for a judicial review with the US District Court after the decision became final on May 21, 2021.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Plaintiff is seeking damages for intentional violations of the Americans with Disabilities Act of 1990 (29 CFR 1630), the Rehabilitation Act of 1973 (29 USC §701), and denial of other Civil Rights pursuant to 42 USC §1983

****Please see the attached document for a detailed account of damages requested by the Plaintiff.**

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 06/02/2021

Signature of Plaintiff



Printed Name of Plaintiff Stephanie M. Redding

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

Plaintiff is seeking the following relief as of June 2, 2021:

1. Removal of all derogatory and disciplinary records from my personnel file (from October 2019 to present) including any and all written warnings, AWOL letters, report to duty, proposed removal notice, notice of decision, etc.
2. A written "neutral" letter of work reference verifying last employment with DHS
3. Discrimination and Retaliation Awareness Training for Agency management personnel directly identified in my complaint, specifically: Connie Delaney, Scott Donovan, Walter Burns, Arlene Gonzalez
4. Submission of Standard Form 3112D (SF 3112D) Agency Certification of Reassignment and Accommodation Efforts to the Office of Personnel Management indicating that accommodation efforts were attempted but were unsuccessful.
5. Updated SF-50 (Notice of Personnel Action) changing the Removal from Excessive Absences, Absent Without Leave (AWOL), and Failure to Follow Instructions ->Inability to Perform Essential Duties (or other similar verbiage)
6. Attorney/Legal consultation fees in the amount of **\$781.00** (Actual Fees + Interest):

- Actual Fees: \$750.48
- Interest: \$30.52
 $(\$400.48 @ 5\% = \$20.02)$
 $(\$350.00 @ 3\% = \$10.50)$

7. Reimbursement for MSPB/EEOC filings (includes mileage, certified mail, print supplies, etc.) for a total of **\$924.60** (Actual Cost + Mileage Reimbursement + Interest):

*\$924.60 = \$669.35 (Actual Cost) + \$219.22 (Mileage Reimbursement) + \$25.63 (Interest-Actual Cost) + \$10.40 (Interest-Mileage Reimbursement):

- Actual costs: \$669.35
- Vehicle Mileage Reimbursement (OPM reimbursement rates):

Year 2019: 119.6 miles @ 0.58/mile= \$69.37
 Year 2020: 253.6 miles @ 0.575/mile= \$145.82
 Year 2021: 7.2 miles @ 0.56/mile= \$4.03

Total: \$219.22

- Interest (Actual Costs): \$25.63

November 2019 through June 2020
 $\$277.18 @ 5\% = \13.86

July 2020 through June 2021
 $\$392.17 @ 3\% = \11.77

- Interest (Mileage Reimbursement): \$10.40

Year 2019: $\$69.37 @ 5\% = \3.47

Year 2020:

January 2020 through June 2020
211.4 miles @ $.0575 = \$121.56$
 $\$121.56 @ 5\% = \6.08

July 2020 through December 2020
42.2 miles @ $\$0.575 = \24.27
 $\$24.27 @ 3\% = \underline{\$0.73}$

Year 2021:

$\$4.03 @ 3\% = \0.12

8. Reimbursement for tax payments for cash withdrawals from Thrift Savings Plan and Florida Investment Plan funds in the amount of **\$22,338.98** (Federal Income Tax Withholding + Interest):

- Total Federal Income Tax Withholding = \$21,571.83
- Interest = \$767.15

February 2020 through June 2020 = \$300

$(\$6,000 @ 5\% = \$300)$

July 2020 through May 2021 = \$467.15

$(\$15,571.83 @ 3\% = \$467.15)$

9. Retroactive tax-deferred Thrift Savings Plan (TSP) contributions for a total **\$27,414.64** (Actual Contribution + 2.5% Return + Interest):

- Actual Contribution = \$25,822.26

$(\$4,303.71/\text{quarter for 6 quarters})$

Beginning January 2020 through May 2021

- 2.5% Return Rate = \$645.56
- Interest = \$946.82

January 2020 through June 2020

\$4,303.71/quarter for 2 quarters = \$8,607.42
 \$8,607.42 @ 5% = \$430.37

July 2020 through May 2021

\$4,303.71/quarter for 4 quarters = \$17,214.84
 \$17,214.84 @ 3% = \$515.45

10. Back-pay/lost wages (for the following periods) in the amount of **\$182,778.10 plus Tax Offset Payment *To Be Determined** (Lost Wages + Interest + Tax Offset Payment):

**\$182,778.10 = \$175,818.69 (Lost Wages) + \$6,959.41 (Interest)

****Tax Offset Payment for 2021: To Be Determined**

- June 2018 through May 2019 (Salary Difference): \$18,261
 (\$1,521.75/month for 12 months)
 *Interest Charges: \$1,004.36

June 2018 through December 2018 (5%) = \$456.53
 (\$1,521.75/month for 6 months = \$9,130.50)
 (\$9,130.50 @ 5% = \$456.53)

January 2019 through June 2019 (6%) = \$547.83
 (\$1,521.75/month for 6 months = \$9,130.50)
 (\$9,130.50 @ 6% = \$547.83)

- June 2019 through December 2019 (Salary Difference): \$8,080.94
 (\$1,154.42/month for 7 months)

*Interest Charges: \$415.60

June 2019 (6%) = \$69.27
 (\$1,154.42 @ 6% = \$69.27)

July 2019 through December 2019 (5%) = \$346.33
 (\$1,154.42/month for 6 months = \$6,926.52)
 (\$6,926.52 @ 5% = \$346.33)

- January 2020 through December 2020 (Salary): \$105,513

*Interest Charges: \$4,220.53

January 2020 through June 2020 (5%) = \$2,637.83
 (\$8,792.75/month for 6 months = \$52,756.50)
 (\$52,756.50 @ 5% = \$2,637.83)

July 2020 through December 2020 (3%) = \$1,582.70
 (\$8,792.75/month for 6 months = \$52,756.50)
 (\$52,756.50 @ 3% = \$1,582.70)

- January 2021 through May 2021 (Salary): \$43,963.75

*Interest Charges: \$1,318.92

January 2021 through May 2021 (3%) = \$1,318.92
 (\$8,792.75/month for 5 months = \$43,963.75)
 (\$43,963.75 @ 3% = \$1,318.92)

11. Reimbursement for Time and Attendance corrections in the amount of **\$3,708.75** (Actual Cost + Interest):

- Actual Costs: \$3600.73
- Interest: \$108.02
 (\$3600.73 @ 3% = \$108.02)

12. Reimbursement for relocation expenses incurred for the failed accommodation in the amount of ***\$11,054.34** (*Amount to be paid directly to The Standard Insurance Company)

13. Reimbursement for medical bills directly related to disabling medical conditions and mental health counseling in the amount of **\$2,078.01** (Actual Cost for co-pays + Provider Paid Expenses + Vehicle Mileage Reimbursement + Interest):

- Actual cost for patient co-pays: \$220 for patient co-pays/records
- Interest (Actual costs for co-pays): \$10.00
 (\$170 @ 5% = \$8.50)
 (\$50 @ 3% = \$1.50)
- \$1,373.32 provider paid medical expenses (**To be paid directly to Blue Cross Blue Shield)
- Vehicle mileage: \$436.99:
 Year 2019: 688 miles @ 0.58/mile= \$399.04
 Year 2020: 66 miles @ 0.575/mile= \$37.95

- Interest (Vehicle Mileage): \$37.70
(754 miles @ 5% = \$37.70)
14. Reimbursement for FEHB healthcare benefits payments in the amount of **\$6,543.34** (Actual Cost + Interest):
- Actual cost: \$6,352.76
 - Interest: \$169.74
($\$6,352.76 @ 3\% = \190.58)
15. Front Pay in the amount of **\$105,513** (one year's salary)
16. Future pecuniary damages (for mental health and substance/alcohol abuse counseling) in the amount of **\$1,440**:
- \$120/hour for twelve (12) one-hour sessions
17. Reimbursement for accrual of annual leave and payout in the amount of **\$13,583.64** (Actual Cost + Interest):
- Actual Cost: \$13,188
(240 hours @ \$54.95/hour)
 - Interest Charge: \$395.64
($\$13,188 @ 3\% = \395.64)
18. Reimbursement for sick leave used (from October 2019 through June 2020) in the amount of **\$4,385.01** (Actual Cost + Interest):
- Actual Cost: \$4,176.20 (76 hours @ \$54.95/hour)
 - Interest Charge: \$208.81 ($\$4,176.20 @ 5\%$)
19. Compensatory (Non-Pecuniary) Damages in the amount of **\$300,000** for:
- Emotional pain and suffering (depression/anxiety diagnoses, harassment)
 - Mental anguish
 - Anxiety
 - New occurrence of substance/alcohol abuse
 - Inconvenience
 - Loss of enjoyment of life
 - Loss of once-successful law enforcement career and security clearance

- Inability to obtain gainful employment in well-established career field
20. Punitive damages in the amount of **\$300,000**
 21. Liquidated Double Damages for intentional discrimination involving the ADA
 22. U.S. District Court filing fee: **\$402.00**
 23. Additional out-of-pocket expenses after the date of this document

Submitted by

Stephanie M. Redding, Plaintiff
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Largo, Maryland 20774
Stephanie.Redding@verizon.net
(561) 577-5069